## WARDEN REGISTRATION FORM

PLEASE COMPLETE THIS REGISTRATION PASSPORT.  American Citizen Servion: REGISTRATIONS 4, avenue Gabriel						TEL: 01 4  FAX: 01	3 12 22 22 42 96 28 39	
75382 Paris Cedex 08	(Metr	o:Concorde) Wi	EB/ E-mail: htt	p://france	.usembassy.gov	/ / e-mail: <u>C</u>	itizeninfo@state.gov	
Surname			First & Middle	Name			Suffix	
Local Address in France		T						
City		Care of (school)		Zip Code		Cou	Country FRANCE	
Gender: MALE FEMALE		Social Security Nu	Social Security Number					
Date of Birth (MM/DAY/YYYY)	Place of Birth (City/Town, State, Country)							
Harris Dhana Namhar (in France)	W	Dl N		E		II-\		
Home Phone Number (in France)  PASSPORT #		OF ISSUE DATI		ATE OF EX	mail ( <b>please print v</b> XPIRY		CE OF ISSUE	
Departure Date from France: MUST BE COMPLETED		Duration of stay in France (check weeks months		x vour visa): years years Resident:: Yes / No		/No Busi	Purpose of Visit: (Tourism, study Business, other) (check your visa)	
EMERGENCY CONTACT IN	FORMA	ATION (MUST)	BE COMPLI		HEALTH OR MED YES	ICAL COND		
Surname				First Name				
Emergency Contact Address		City						
Zip Code			Country					
Relationship	Pho	Phone Number						
COMMENTS:								
PRIVACY ACT WAIVER ( BE COMPLETED) In the event this office is contacted by		FULL Waiver		NO Waiv	ver	LIMI	TED Waiver (check below)	
or friends inquiring as to my welfare whereabouts, I DO or DO NOT author		Family	Family Congress		Legal Repres	sentative	Medical	
release of the information contained in this card: (See Reverse for text of Privacy Act.)		Date:	e: SIGNATURE:					

## REGISTRATION PROCEDURES

Registration will make your presence and whereabouts known in case it is necessary to contact you in an emergency. No information on your whereabouts will be released without your authorization. When you register, be sure to bring your U.S. passport with you to the Embassy or Consulate or you may send a copy of the first two pages of your passport (so that your name, photo and signature are visible) with your completed registration form. If your passport is lost or stolen, registration will also make replacement easier and faster.

## DEPARTMENT OF STATE PRIVACY ACT STATEMENT

The information solicited on this form is authorized by those statutes of the United States which govern the acquisition and loss of the United States nationality, the issuance and denial of United States passports and related facilities, and the violation of those laws; including but not limited to those statutes codified in Titles 8, 18 and 22, United States Code, and all predecessor statutes whether or not codified, and regulations issued pursuant to Executive Order 11205 of August 5, 1966.

The primary purpose for which the information is intended is to establish citizenship, identity and entitlement to issuance of a United States passport or related facilities, and to properly administer and enforce the laws governing the acquisition and loss of United States nationality, issuance and denial of United States passport and related facilities, and violations of those laws.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, pursuant to a subpoena or court order directing the production of such information, and as set forth in the Federal Register Volume 40, (pages 40474 and 40475).

Failure to provide the information requested on this form may result in the denial of a United States passport, related document or service.

SOCIAL SECURITY NUMBER: A Social Security number cannot be required. Due to the tremendous volume of applications processed annually, frequently two or more individuals will have identical names and dates of birth. In cases of emergencies, lost or stolen passports, the Social Security number may be used as a secondary means of identification and assist the Department of State in differentiating these individuals.

August 2009		